

## North-East and North Central London Neonatal Network repatriation and transfer guideline.

A guiding principle of neonatal networks has been that babies requiring neonatal care should be looked after in units that can provide services appropriate to their needs and closest to home as is practically possible. Babies who are cared for in neonatal intensive care units (NICUs) should be transferred to an appropriate local unit as soon as their needs can be met there. Babies who live within the catchment area of the NICU will usually have all their care in their local NICU.

The purpose of this statement is to outline the most appropriate way of achieving these goals whilst at the same time recognising the pressures that exist on providing cots and staff and on the transport services that move babies between neonatal units.

Unnecessary hindrances to transfer should be eliminated. Practices to enhance prompt and timely transfers are to be encouraged.

Beyond our responsibility to meet the clinical needs of our patients we also have to work to forward the best interests of their families.

These include:

- Ensuring that the baby is cared for in the unit that can meet the baby's clinical needs.
- That, as far as is reasonably possible, we endeavour to ensure that the families have a manageable journey to see the baby while they are in hospital and that we recognise the financial, physical and emotional strain that is imposed on many families by protracted in-patient stays.
- Recognising that the most appropriate unit for some babies to receive ongoing care may not be within the borough that they live but that it may be in one that is more accessible to home. However cases with vulnerable families where community social care input is needed will need to be borough based; the contact and familiarity with local teams should be considered secondary to this.
- Accepting that measuring journeys as the crow flies is not necessarily the best way to decide where a baby should receive care (i.e. what their local unit is)
- Communicating frequently and openly with families about their babies' condition and progress.

### The transfer process

A discussion should be had between well-informed and experienced members of the medical and nursing teams from both transferring and receiving hospitals in advance of any transfer.

The decision to transfer back to local units should be made on a case by case basis, taking into consideration the baby's ability to tolerate transfer and the burden of care. Provided the local units are able to meet the clinical needs of the baby and transfer is not hazardous, arbitrary weights or gestation should not be limiting factors for transfer.

Prior to the day of transfer the clinical summary must be completed and printed in preparation for transfer, and images transferred to the receiving unit. The 'patient referral' function on Badgernet can be used to release time limited read-only access of the patient record to the receiving unit in advance of the transfer. The Neonatal Transfer Service (NTS) will contact the referring units for pre-

booked transfers the day before to confirm the transfer is still required, that hospital to hospital handover has occurred & to enquire about progress of the discharge summary.

#### Confirming cots on day of transfer

If a unit is expecting a transfer the decision as to whether the transfer can go ahead on the day planned should be confirmed early on the day of transfer and should not wait until after the morning ward round. This is to allow the transport team and the transferring hospital to plan their activity for that day. NTS will telephone both referring & receiving units for final confirmation on the morning of the day of planned transfer to make sure it is going ahead and that nothing untoward or unexpected has occurred e.g. change in patient condition or loss of staffed bed.

If a transfer has to be unexpectedly cancelled the transferring hospital and transport service must be notified immediately.

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